

- DECLARATION AND POWER OF ATTORNEY USA/PCT

**Additional names, addresses and signatures to be attached to Form No. 1000**

Entitled: **DECLARATION AND POWER OF ATTORNEY**

At: Freeport, Texas 77541, USA  
this 18 day of March, 2005

Signature: Yunwa W. Cheung  
Full Name: **Yunwa W. Cheung**  
Residence: **104 Rosemary Lane**  
City, State, Zip: **Lake Jackson, Texas 77566**  
Country: **United States of America**  
Citizenship: **United States of America**  
P. O. Address: **Same as Residence**

At: \_\_\_\_\_  
this      day of      , 20

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
 Full Name: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_  
 P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this      day of      , 20

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this      day of      , 20

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_